

AMENDED IN ASSEMBLY APRIL 25, 2006

AMENDED IN ASSEMBLY APRIL 6, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 2280

Introduced by Assembly Member Leno

February 22, 2006

An act to add Section 120846 to the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2280, as amended, Leno. HIV counseling.

Existing law provides for various programs relating to treatment of persons with human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS).

This bill would require the State Department of Health Services, no later than July 1, 2007, to develop a counseling model for all persons who receive HIV testing at *an alternate test site or* a clinic that receives state funding for HIV testing. The bill would require that the department consider including specified components *in the counseling model*, relating to, among other things, risk assessment, data collection, prevention education, and additional counseling.

This bill would require that the department develop a reimbursement schedule that accurately reflects the range of services provided under the counseling model, and that ensures that a contractor is reimbursed for individual services, as defined in the counseling model.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) Best practice models of human immunodeficiency virus
4 (HIV) counseling that grew out of early HIV testing have not
5 kept pace with the changes in the human immunodeficiency virus
6 (HIV)/acquired immune deficiency syndrome (AIDS) epidemic.

7 (2) The availability of rapid HIV testing, in which a person
8 can get a preliminary reading of their HIV status in about 20
9 minutes, has created opportunities to streamline the current
10 counseling model.

11 (3) The availability of treatment has turned HIV from a virtual
12 death sentence to a managed chronic medical condition.

13 (4) Counseling of persons getting an HIV test has been
14 focused on educating people about HIV prevention techniques,
15 collecting epidemiological data, and referring people with a
16 positive test result to treatment and partner notification
17 counseling.

18 (5) A number of test subjects are persons at low risk for
19 exposure to HIV, and repeat testers who are tested on a regular
20 basis.

21 (6) The current counseling model employs the same process
22 regardless of whether the test subject is at low or high risk of
23 exposure and whether the test subject is a first-time tester or is a
24 repeat tester.

25 (7) While any person who seeks an HIV test should be able to
26 get one, the limited resources available for testing demand that
27 confidential and anonymous testing clinics have a range of
28 options for delivering counseling.

29 (b) It is the intent of the Legislature that a new HIV counseling
30 model be developed that allows clinics to increase the number of
31 persons seeking a HIV test to be able to be tested, and
32 appropriately reimburses clinics for the services provided to
33 those persons.

34 SEC. 2. Section 120846 is added to the Health and Safety
35 Code, to read:

36 120846. (a) The department shall, no later than July 1, 2007,
37 develop a counseling model for all persons who receive HIV
38 testing at a clinic that receives state funding for HIV testing. The

1 ~~department shall consider including~~ *testing at an alternative test*
2 *site or clinic that receives state funding for HIV testing. In*
3 *developing the counseling model, the department shall seek input*
4 *from stakeholders, including, but not limited to, local health*
5 *jurisdictions and organizations that receive state funding for HIV*
6 *testing. The department shall consider including each of the*
7 *following components in the counseling model:*

8 (1) A brief risk-assessment mechanism developed by the
9 department that allows a clinic to ascertain whether a person
10 seeking testing is at low or high risk of exposure to HIV. The
11 department may recommend when and how a clinic should use
12 this mechanism, but it shall not be used to deny testing to a
13 subject who requests it.

14 (2) A data collection form that may be self-administered by
15 the test subject, and that includes only questions that must be
16 reported in accordance with existing state and federal
17 epidemiology report requirements. Consideration shall be given
18 to reducing the length of the form and its utility, including
19 whether state or local resources exist to analyze the data
20 collected. Additional questions may be added only if new state or
21 federal epidemiology reports are required. Local health agencies
22 may add questions only with the approval of the department.
23 While the form may be self-administered, it also may be
24 completed with the assistance of a counselor at the request of the
25 test subject.

26 (3) A prevention education module that comprehensively
27 covers all pertinent information relative to methods by which a
28 person can protect himself or herself or his or her sexual or
29 needle-sharing partners from exposure to HIV. Consideration
30 may be given to allowing clinics alternative methods of
31 providing the prevention education module, although no test
32 subject shall be denied the opportunity to receive prevention
33 education privately and individually.

34 (4) Flexibility for clinics to determine the extent of counseling
35 provided to a test subject based on a test subject's risk factors or
36 frequency of HIV testing.

37 (5) Flexibility for clinics to provide counseling to couples or
38 small groups, as appropriate.

39 (6) Additional counseling for a test subject whose preliminary
40 test result is positive. This additional counseling may include, as

1 needed by the test subject, emotional support, information on
2 confirmatory testing, referral to care and treatment opportunities,
3 and a review of methods to prevent exposing others to HIV.

4 (b) The department shall develop a reimbursement schedule
5 that accurately reflects the range of services provided under this
6 model. ~~It is~~ *The reimbursement schedule shall ensure that a*
7 *contractor is reimbursed for individual services, as defined in the*
8 *counseling model. It is the intent of the Legislature that the*
9 *reimbursement schedule be designed to encourage contractors to*
10 *provide only those services that are appropriate for each test*
11 *subject. It is further* the intent of the Legislature that this new
12 model and reimbursement schedule be cost-neutral, except to the
13 extent that there is an increase in the volume of test subjects.